State of Washington Department of Agriculture Olympia, Washington 98504

## **PESTICIDE APPLICATION RECORD (Version 1)**

NOTE: This form must be completed same day as the application and it must be retained for 7 years (Ref. RCW 17.21)

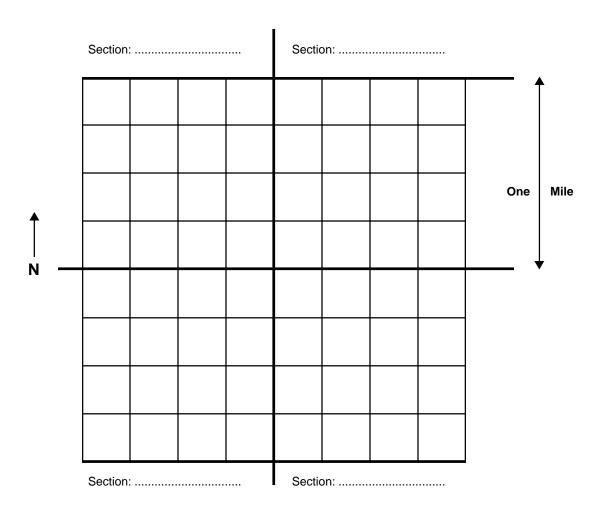
1.	Date of Application - Year: Mor	nth:	Day:	Time:		
2.	Name of Person for whom the pesticide was applied:					
	Firm Name (if applicable):					
	Street Address: City: State: Zip				Zip:	
3.	3. Licensed Applicator's Name (if different from #2 above):					
	Firm Name (if applicable):Tel. NoTel. No.					
	Street Address:	C	ity:	State:	Zip:	
4.	Name of person(s) who applied the pesticide (if different from #3 above):					
	License No(s). if applicable:					
5.	Application Crop or Site:					
6.	Total Area Treated (acre, sq. ft., etc.):					
7.	Was this application made as a result of a WSDA Permit?					
8.	Pesticide Information (please list all information for each pesticide in the tank mix):					
			c) Total Amount of	d) Pesticide		
	a) Product Name	b) EPA Reg. No.	Pesticide Applied in Area Treated	Applied/Acre (or other measure)	e) Concentration Applied	
				/		
				/		
				/		
				/		
9.	<ol> <li>Address or exact location of application. NOTE: if the application is made to one acre or more of agricultural land, the field location must be shown on the map on page two of this form.</li> </ol>					
<ul><li>10. Wind direction and estimated velocity during the application:</li><li>11. Temperature during the application:</li></ul>						
12. Apparatus license plate number (if applicable):						
13. Air Ground Chemigation						
14.	Miscellaneous Information:					

**Location of Application** (If the application covers more than one township or range, please indicate the township & range for the top left section of the map only:

Township:	N
Range: E OR W (please indicate)	
Section(s):	
Countv:	

## **PLEASE NOTE:**

The map is divided into 4 sections with each section divided into quarter-quarter sections. Please complete it by marking the appropriate section number(s) on the map and indicate as accurately as possible the location of the area treated.



Miscellaneous Information:

## **INSTRUCTIONS**

## Pesticide Application Record (Version 1) AGR 4226 (Rev. 4/99)

- 1. Date may be spelled out or indicated numerically. Time may be indicated as start and stop times.
- 2. Please include first and last name.
- 3. If the person's name is the same as No. 2, please write "same" in the space for the licensed applicator's name and include the license number (if applicable) and telephone number.
- 4. Please include first and last name(s).
- 5. Indicate type of land or site treated, not location. Examples: wheat, apples, rights-of-way, lawn, trees and shrubs, crawl space, wall voids, etc.
- 6. May also be stated in terms such as linear feet, cubic feet, etc. (Please specify the term to which the number refers.)
- 7. If the application was made under permit, but no permit number was issued, please indicate the date the permit was issued.
- 8. a) Brand name found on the pesticide label.
  - b) This number is found on the pesticide container label. If the material is being applied under a federal experimental use permit and no EPA Reg. No. exists, please list the federal experimental use permit number. If the material is a spray adjuvant (buffer, spreader, sticker, etc.) please write "adjuvant" in this space.
  - c) Indicate the amount of pesticide formulation (product) applied to the total area listed on line 6.
  - d) Other measures may include amount/sq. ft., amount/cu. ft., amount/linear ft., etc.
  - e) This may be listed in various ways, such as: amount of formulation/100 gallons water, percent formulation in the tank mix (i.e. 1%), amount of tank mix/acre (or other measure). Please specify the term to which the number refers.
- 9. Agricultural land includes such areas as forest lands and range lands. It does not include transportation and utility rights-of-way.
- 10. Indicate the direction from which the wind is blowing. If the wind varies in direction and velocity during the application, please indicate the range of variance (i.e. S-SW 3-7 mph).
- 11. Please indicate temperature in degrees Fahrenheit. (It may be indicated as the range encountered during application.)
- 12. This does not apply to private applicators or public agencies.
- 13. Please check one.
- 14. This space is available for any additional information you may wish to include.